



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

EVENT REVIEW

Effective Date: June 17, 2005

Policy #: TX-25

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- I. PURPOSE:** To provide for a process to review every event leading to the use of seclusion or restraints and to review other significant events that result in serious physical aggression toward other patients and staff. To identify opportunities to develop different strategies to support patients during times of distress that may prevent the use of seclusion and restraint in the future and provide for the safety of both patients and staff.
- II. POLICY:** To provide emotional and physical support to patients and staff members and to promote and develop strategies to ensure a safe environment for all patients and staff.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Nurse Supervisor and/or Unit Nurse Manager: Meet with staff immediately following an event and complete the Initial Review Part I on the Event Review Form and submit the form to the unit Team Leader. Participate in meeting with the patient and treatment team members to complete the Parts II, III, and IV of the Event Review.
 - B. Team Leader: Arrange for and participate in Parts II, III, and IV of the Event Review process. Document and complete the Event Review. Ensure follow-up on all suggestions, treatment plan recommendations, and filing of form in the medical record. Inform the Hospital Administrator of Event Review outcome.
 - C. Psychiatrist (Attending): Participate in Parts II, III, and IV of the Event Review process.
 - D. All staff members: Participate in all aspects of the Event Review process upon request.
- V. PROCEDURE:**
 - A. An Event Review will be completed for every event leading to the use of seclusion or restraints and other significant events that result in serious physical aggression toward patients and staff. Exceptions to completing the Event Review may be made only by the Hospital Administrator.
 - B. The Nurse Supervisor in conjunction with the unit staff members will discuss the incident and complete the Initial Review Part I immediately following the event. The goal of this review is to be supportive, ensure the appropriate emotional and physical care of staff and patients that may have been injured or be emotionally upset by the

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- C. The Treatment Team (to include the Team Leader, attending Psychiatrist, Unit Nurse Manager and Shift Nurse Supervisor as available) and all other appropriate team members, will meet with the patient on the first business day following the event or as soon as feasible. The goal is to gain understanding of the patient's perspective and to develop strategies that will result in providing for the safety of patients and staff in future situations.
- D. At least two of the following staff (Team Leader, Unit Nurse Manager, Shift Nurse Supervisor, or Psychiatrist) will meet with the staff members present at the time the event occurred on the first business day following the event or as soon as feasible. This discussion is to support staff, review/complete incident reports, suggest EAP if appropriate, and develop new treatment approaches.
- E. The Team Leader, Nurse Manager on the first business day following the event or as soon as feasible, Psychiatrist and any other team members as assigned will discuss what has been learned and what recommendations for improvement will be implemented as a result of this review. The Team Leader will complete the Review Form.
- F. The Team Leader will: a) ensure follow-up on all suggestions and treatment plan recommendations, b) inform the Hospital Administrator of Event Review outcomes and c) ensure the Event Review form is filed in the patient's medical record.

XII. ATTACHMENTS: Attachment A. [Event Review Form](#)

_____/_____/_____
Thomas Gray, MD Date
Medical Director

EVENT REVIEW

Patient Name: _____ Unit: _____ Date: _____ Time: _____

Nurse Manager:(on duty) _____ Psychiatrist:(on duty) _____

Event resulted in: ___Restraint ___Seclusion ___Time Out ___No use of R/S/TO

INITIAL REVIEW

Part I: *The initial review is to be completed by the Nurse Supervisor in conjunction with the unit **staff** members immediately following a seclusion/restraint event. If S/R are not implemented, but a significant event occurs, the Unit/Shift Nurse Manager is responsible for meeting with the staff to complete the initial review. The goal of this review is to be supportive, to ensure the appropriate emotional and physical care of staff members, and to promote a safe environment for patients and staff. Upon completion the form is to be placed in the Team Leader's on-unit basket.*

1. Were any staff members injured? (Who, how, what, treatment, IR completed)
2. Were any patients injured? (Who, how, what, treatment, IR completed)
3. Was anyone in *imminent* danger? If yes, who and why?
4. What were the signs/behaviors noted that the patient was becoming upset?
(i.e. immediately before incident, during past day/week.)
5. What de-escalation strategies were implemented?

Crisis/Coping Plan in place ___Y ___N

Was it utilized ___Y ___N

Non Physical Techniques

Physical Techniques

___ Removal of/or from Stimuli

___ Escorting (hands on)

___ Active Listening

___ Supportive or Mandt Hold

___ Offering Options

___ Transport Blanket

___ Observation & Support

___ Other – Explain:

___ Problem Solving Techniques

___ Walked to room (no hands on)

___ Other – Explain:

6. Unit staff present during post event review:

Who communicated with patient: _____
Who was Crisis Response Coordinator: _____
Was this effective: ☐ Y ☐ N Recommendations for future:

7. On unit supervisory staff at time of incident:
8. How and when was the Unit/Shift Nurse Manager notified?
☐ On scene ☐ By Phone: Time _____ By _____
9. Was a Code Green called? ☐ Yes ☐ No Comment:

Was response adequate? ☐ Yes ☐ No Comment:
10. Comments/Observations/Recommendations for follow-up with staff and patient/s.

Person Completing this Section: _____

TREATMENT TEAM REVIEW of EVENT

Part II: *The Treatment Team, consisting of the Team Leader, Psychiatrist, Unit Nurse Manager and all other appropriate team members, will meet with the **patient** on the first business day following the event. The goal is to develop strategies that will result in providing for the safety of patients and staff.*

Staff Present for Review:

1. Describe any significant changes in the patient's mood or behaviors within 24/48 hours prior to this event.
2. What significant events occurred that may have contributed to this event?
(reduction/restriction of level, court hearing, upsetting news from someone, medication changes, etc.)
3. What is the patient's perception of why the event occurred?
4. What is the patient's perception of how staff helped/handled the situation?

5. How was the patient able to use coping/crisis planning strategies?
6. What suggestions does the patient have to deal with and/or prevent this type of situation in the future?

Part III: *At least two of the following staff (Team Leader, Unit Nurse Manager, Shift Nurse Manager or Psychiatrist) will meet with the **staff** members present at the time the event occurred on the first business day following the event or as soon as feasible. This discussion is to support staff, review/complete incident reports, suggest EAP if appropriate, brainstorm new treatment approaches, etc.*

1. Review with staff how they are doing/feeling about the event at this point in time.
2. Reflecting back on the situation, is there anything that could have been done differently which may have improved the outcome?
3. Did the patient have a completed: ___Crisis Plan ___Coping Plan
 ___ Treatment Plan
4. How were staff members able to use the info on these plans to help in this situation?
5. Medication management/issues:
 - ___Refusing regular meds. How long/# doses_____
 - ___ PRN for agitation/anxiety prescribed
 - ___ Doctor called to seek order for PRN med
 - ___ PRN's Offered Time adm._____ Time refused_____
 - ___ Recent med changes
 - ___ Crushed meds prescribed
 - ___ History of refusing medication
 - ___ History of cheeking or spitting meds
6. Did this situation have something to do with a unit/hospital rule? If yes, what rule? If a power struggle developed, is there a reason the patient couldn't win?

7. What might you (staff involved) do differently the next time a similar situation happens? How might this type of situation be avoided in the future?
8. What recommendations for improvements/change do you have related to this situation?

Part IV: *Based on the above information the Team Leader, Nurse Managers, Psychiatrist and any other team members will describe what has been learned and what recommendations for improvement will be implemented as a result of this review.*

1. What changes will be made to the patient's treatment plan, crisis and/or coping plan, medication, and/or unit placement?
2. What clinical, administrative, or unit changes are recommended for implementation?
3. What additional follow-up is recommended for patient/s and staff members related to this event?

Person completing Parts II, III, IV: _____